

Access in Brief: Experiences of Lesbian, Gay, Bisexual, and Transgender Medicaid Beneficiaries with Accessing Medical and Behavioral Health Care

There are about 1.2 million lesbian, gay, bisexual, and transgender (LGBT) adults covered by Medicaid. Of those, it is estimated that about 12.7 percent (152,000) identify as transgender (Mallory and Tentindo 2019; Conron and Goldberg 2018). In 2017, about 2 million youth ages 13-17 identify as LGBT, and it is estimated that about 0.7 percent (about 150,000) of youth ages 13-17 identify as transgender (Conron 2020).

Research has shown that there are disparities in access to and use of physical and mental health services among those who identify as LGBT (Alencar Albuquerque et al. 2016; Blosnich et al. 2014). Many factors contribute to these disparities, including provider discrimination, lack of provider knowledge about LGBT health care needs, and state health insurance coverage policies, including health insurance exclusions for gender-affirming care (MAP 2022; Mallory and Tentindo 2019; Cornelius and Carrick 2015; Bradford et al. 2013).¹ Although many studies have focused on LGBT access and use of health care services, little research has been published about access to and use of health services for LGBT populations covered by Medicaid and how their experience with accessing care compares to heterosexual and cisgender individuals.

To help fill this gap, this issue brief examines two aspects of access among LGBT populations.² The first set of analyses focus on the experiences of Medicaid-covered lesbian, gay, and bisexual (LGB) populations with accessing physical and behavioral health services compared to Medicaid-covered heterosexual adults. The second set of analyses compare the experiences of Medicaid-covered transgender and gender-diverse (TGD) populations to those covered by private insurance and those without insurance coverage.

We found that the majority of Medicaid-covered LGB adults had a usual source of care and similar rates of physical health care service use as Medicaid-covered heterosexual adults. However, LGB adults were significantly more likely than heterosexual adults to report having a mental illness and to not receive needed treatment for their mental illness in the past 12 months. Similarly, LGB adults reported significantly higher rates of substance use disorder compared to heterosexual adults, and LGB adults were significantly more likely than heterosexual adults to have reported not receiving needed alcohol or drug treatment in the past 12 months.



We found that the overall health and mental health status reported by TGD adults covered by Medicaid was more similar to those who were uninsured than those with private insurance. With regard to access to services, TGD adults covered by Medicaid reported similar rates of access to providers for both routine and most gender-affirming health care as those covered by private insurance, but those covered by Medicaid were more likely to report not being able to find in-network providers to provide gender-affirming surgery.³ Additionally, a higher proportion of those covered by Medicaid compared to those with private insurance reported having negative experiences with their providers, such as having to teach their provider about TGD people to get the appropriate care, and not being able to change their name and gender in their records.

Lesbian, Gay, and Bisexual Adults Covered by Medicaid

We used 2015-2018 National Health Interview Survey (NHIS) data and 2015-2019 National Survey on Drug Use and Health (NSDUH) data to compare the demographics, health status, and difficulties accessing medical and behavioral care between heterosexual and LGB adult Medicaid beneficiaries.

Demographic characteristics

The demographic characteristics and socioeconomic status of Medicaid beneficiaries differed by sexual orientation (Table 1). Specifically, we found that:

- There was a higher proportion of lesbian and gay Black, non-Hispanic adults (26.9 percent) enrolled in Medicaid than heterosexual Black, non-Hispanic (20.7 percent) adults.
- A larger share of lesbian and gay adults had college or graduate degrees (14.1 percent) compared with heterosexual adults (9.0 percent), and larger share of bisexual adults (35.1 percent) had attended some college or had an associate's degree compared to heterosexual adults (30.0 percent).
- A larger share of lesbian and gay and bisexual adults was unemployed (17.1 percent and 15.2 percent) compared to heterosexual (12.5 percent) adults.
- A larger share of lesbian and gay and bisexual adults were likely to have moved at least once in the past year (42.6 percent and 45.7 percent) compared to heterosexual adults (34.5 percent).

TABLE 1. Selected Demographic and Socioeconomic Characteristics of Medicaid-Covered Adults Age 18-64 by Sexual Orientation, 2015-2019

Demographic characteristics	Percentage of adults age 18-64			
	Total	Heterosexual	Lesbian and gay	Bisexual
Total (all adults 18-64)	100.0%	90.7%	2.2%*	7.1%*
Age				
18-25	25.8	24.6	32.3*	39.8*
26-34	25.6	24.8	25.8	35.6*
35-49	27.3	28.3	20.6*	17.0*



Demographic characteristics	Percentage of adults age 18-64			
	Total	Heterosexual	Lesbian and gay	Bisexual
50-64	21.2	22.3	21.3	7.6*
Sex				
Male	39.0	40.6	44.9	17.1*
Female	61.0	59.4	55.1	82.9*
Race and ethnicity				
White, non-Hispanic	44.6	44.2	42.3	50.2*
Hispanic	26.3	26.8	22.9	20.5*
Black, non-Hispanic	20.7	20.7	26.9*	19.3
American Indian or Alaska Native or Native Hawaiian or other Pacific Islander, non-Hispanic	1.7	1.7	—	0.9*
Asian, non-Hispanic	4.1	4.1	—	3.9
Other single and multiple races, non-Hispanic	2.7	2.5	4.0	5.2*
Education				
Less than high school	25.0	25.3	21.9	21.8*
High school graduate	35.5	35.7	32.0	34.5
Some college or associate degree	30.4	30.0	32.0	35.1*
College or graduate degree	9.1	9.0	14.1*	8.6
Employment status				
Working full time	28.7	28.8	24.8	28.2
Working part time	18.5	18.6	16.3	18.7
Unemployed	12.8	12.5	17.1*	15.2*
Other	40.0	40.1	41.8	37.9
Income as percent of FPL				
Less than or equal to 100% FPL	48.5	48.2	51.8	51.0
100-200% FPL	30.4	30.7	25.6*	27.7*
More than 200% FPL	21.1	21.1	22.6	21.4
Change in housing status				
No moves	64.5	65.5	57.4*	54.3*
Moved at least one time	35.5	34.5	42.6*	45.7*

Notes: FPL is federal poverty level. The individual components listed under the subcategories are not always mutually exclusive and may not sum to 100 percent.

* Difference from heterosexual beneficiaries is statistically significant at the 0.05 level.

– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC, 2022, analysis of NSDUH, 2015-2019.

Physical health status

Self-reported health status was similar among adults of all sexual orientations (Table 2), with lesbian and gay adults and bisexual adults about as likely as heterosexual adults to report very good or excellent



health status (43.4 percent and 41 percent compared to 44.1 percent). The prevalence of certain chronic illnesses was higher among lesbian and gay adults and bisexual adults than among heterosexual adults.

- Lesbian and gay adults and bisexual adults were more likely to have HIV or AIDS compared to heterosexual adults (9.6 percent and 1.1 percent compared to 0.2 percent).
- Bisexual adults were more likely to report having asthma (20.5 percent) compared to heterosexual adults (11.6 percent).

TABLE 2. Selected Health Characteristics of Medicaid-Covered Adults Age 18-64 by Sexual Orientation, 2015-2019

Health measures	Percentage of adults age 18-64			
	Total	Heterosexual	Lesbian and gay	Bisexual
Self-reported health status				
Very good/excellent	43.8%	44.1%	43.4%	41.0%*
Good	33.6	33.6	31.1	34.6
Fair/poor	22.5	22.3	25.5	24.5
Chronic conditions				
Asthma	12.3	11.6	13.1	20.5*
Diabetes	9.7	9.8	9.8	7.5*
Heart condition	6.6	6.5	8.9	7.1
Hypertension	12.8	12.8	15.5	11.9
Ever told had HIV or AIDS	0.5	0.2	9.6*	1.1*
Ever told had hepatitis B or C	2.1	2.0	—	2.1

Notes:

* Difference from heterosexual beneficiaries is statistically significant at the 0.05 level.

– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC, 2022, analysis of NSDUH, 2015-2019.

Physical health care use

Overall, the share of Medicaid beneficiaries who reported having a usual source of care, receiving health care services, and experiencing delays in care did not differ by sexual orientation.

Usual source of care. Among Medicaid beneficiaries, the share with a usual source of care and the location of care did not differ by sexual orientation (Table 3). However, there were a few significant differences in physical health care service use by sexual orientation.

- Bisexual adults were more likely than heterosexual adults to have had a health care professional visit (92.2 percent compared to 84.5 percent) and to have received counseling or therapy from a mental health professional (35.7 percent compared to 15.5 percent).



- Bisexual adults were more likely to report having ever received a human papillomavirus (HPV) shot or vaccine (33.5 percent compared to 14.2 percent).

TABLE 3. Use of Health Services by Medicaid-Covered Adults Age 18-64 by Sexual Orientation, 2015-2018

Health care use in the past 12 months	Percentage of adults age 18-64			
	Total	Heterosexual	Lesbian and gay	Bisexual
Use of care				
Usual source of care	85.3%	85.5%	80.7%	80.1%
Had the same usual source of medical care 12 months ago	89.4	89.4	90.1	92.0
Change health care place	10.6	10.6	9.9	8.0
Change related to health insurance	34.5	34.8	—	—
Type of usual source of care				
Doctor's office	57.0	57.2	51.4	52.7
Clinic or health center	37.2	37.2	34.2	39.1
Urgent care or hospital	1.7	1.6	—	—
Health care service use				
Dental visit	52.9	52.8	56.3	54.3
Eye doctor visit	28.6	28.6	24.9	32.6
General doctor's visit	67.7	67.6	69.1	69.9
Health care professional visit	84.8	84.5	89.3	92.2*
Received care at home	3.1	3.1	—	—
Hospitalized overnight	12.2	12.1	—	13.9
Received counseling/therapy from mental health professional	16.0	15.5	20.4	35.7*
Had a flu shot	33.3	33.5	30.2	27.9
Ever received HPV shot or vaccine	14.8	14.2	24.0	33.5*

Notes: HPV is human papillomavirus.

* Difference from heterosexual beneficiaries is statistically significant at the 0.05 level.

— Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC, 2022, analysis of NHIS, 2015-2018.

Health screenings. The share of Medicaid beneficiaries who had ever received health screenings or received them within the recommended timeframe did not differ by sexual orientation (Table 4). Lesbian and gay adults and bisexual adults were significantly more likely to have ever been tested for HIV (71.5 percent and 71.0 percent, respectively) compared to heterosexual adults (54.8 percent).



TABLE 4. Selected Health Screenings for Medicaid-Covered Adults Age 18-64 by Sexual Orientation, 2015-2018

Health screenings	Percentage of adults age 18-64			
	Total	Heterosexual	Lesbian and gay	Bisexual
Ever had a colonoscopy ¹	46.0%	45.9%	42.4%	62.2%
Colonoscopy within the last 10 years ¹	95.0	95.2	93.2	—
Ever had a cervical cancer test ¹	88.3	88.2	86.7	93.5
Cervical cancer screening within the last 3 years (18-64 years) ¹	84.9	85.0	66.5	93.3*
Ever had a mammography (50-64 years) ¹	90.7	90.7	82.0	—
PSA test for prostate cancer within last 2 years (55+ years) ¹	74.0	75.2	—	—
Ever had a PSA test ¹	28.1	27.6	53.2*	—
Ever been tested for HIV	55.5	54.8	71.5*	71.0*

Notes:

HIV is human immunodeficiency virus. PSA is prostate-specific antigen.

* Difference from heterosexual beneficiaries is statistically significant at the 0.05 level.

— Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

¹ This question was only asked in 2015 and 2018. Counts should not be compared to other estimates in the table.

Source: MACPAC, 2022, analysis of NHIS, 2015-2018.

Unmet and delayed care. Overall, there were not any reported differences in unmet need for care due to cost (Table 5). However, LGB adults were significantly more likely than heterosexual adults to report delayed medical care in the past 12 months due to an access barrier (Table 5). Specifically, LGB adults were significantly more likely to report not being able to get an appointment soon enough and not having transportation to their appointment (15.4 percent and 13.4 percent, respectively) compared to heterosexual adults (9.2 percent and 5.7 percent, respectively). Due to the small number of LGB adults in the survey sample, results for these measures could not be stratified between lesbian or gay and bisexual adults.



TABLE 5. Selected Measures of Unmet and Delayed Care for Medicaid-Covered Adults Age 18-64 by Race and Ethnicity, 2015-2018

Unmet and delayed care in the past 12 months	Percentage of adults age 18-64		
	Total	Heterosexual	Lesbian, gay, and bisexual
Unmet need for any care below due to cost	56.3%	56.3%	55.2%
Didn't get medical care due to cost	7.2	7.1	9.8
Needed prescription medication but did not get it due to cost	9.1	9.1	9.7
Couldn't afford dental care	17.3	17.2	19.5
Get sick or have accident and worry about paying medical bills	47.6	47.6	46.4
Skipped medication doses to save money	7.9	8.0	5.3
Delayed filling a prescription to save money	8.0	8.1	5.8
Asked doctor for lower cost medication to save money	10.3	10.3	9.4
Delayed medical care due to any access barrier listed below	15.0%	14.7%	23.2%*
Couldn't get through on the phone	4.3	4.2	5.4
Couldn't get an appointment soon enough	9.5	9.2	15.4*
Wait too long in the doctor's office	7.5	7.3	11.8
Not open when you could go	3.9	3.9	4.6
No transportation	6.0	5.7	13.4*
Delayed medical care because of cost	8.1	8.0	10.4

Notes:

* Difference from heterosexual beneficiaries is statistically significant at the 0.05 level.

Source: MACPAC, 2022, analysis of NHIS, 2015-2018.

Behavioral health care

Overall, LGB Medicaid beneficiaries reported higher rates of mental illness and substance use disorder than heterosexual Medicaid beneficiaries. Among Medicaid beneficiaries, there is both a greater need for mental illness treatment among lesbian and gay adults and bisexual adults and a higher proportion of lesbian and gay adults and bisexual adults who are not receiving the mental illness treatment they need compared to heterosexual adults. These results may indicate the services were insufficient to meet their treatment needs.

Our findings on rates of mental illness among LGB Medicaid beneficiaries are consistent with prior research, which has shown that LGB adults are more likely to have a mental illness or substance use disorders compared to heterosexual adults (SAMHSA 2020a). Studies identify a number of reasons for the higher rates of mental illness and substance use disorder among LGB individuals, including social stresses

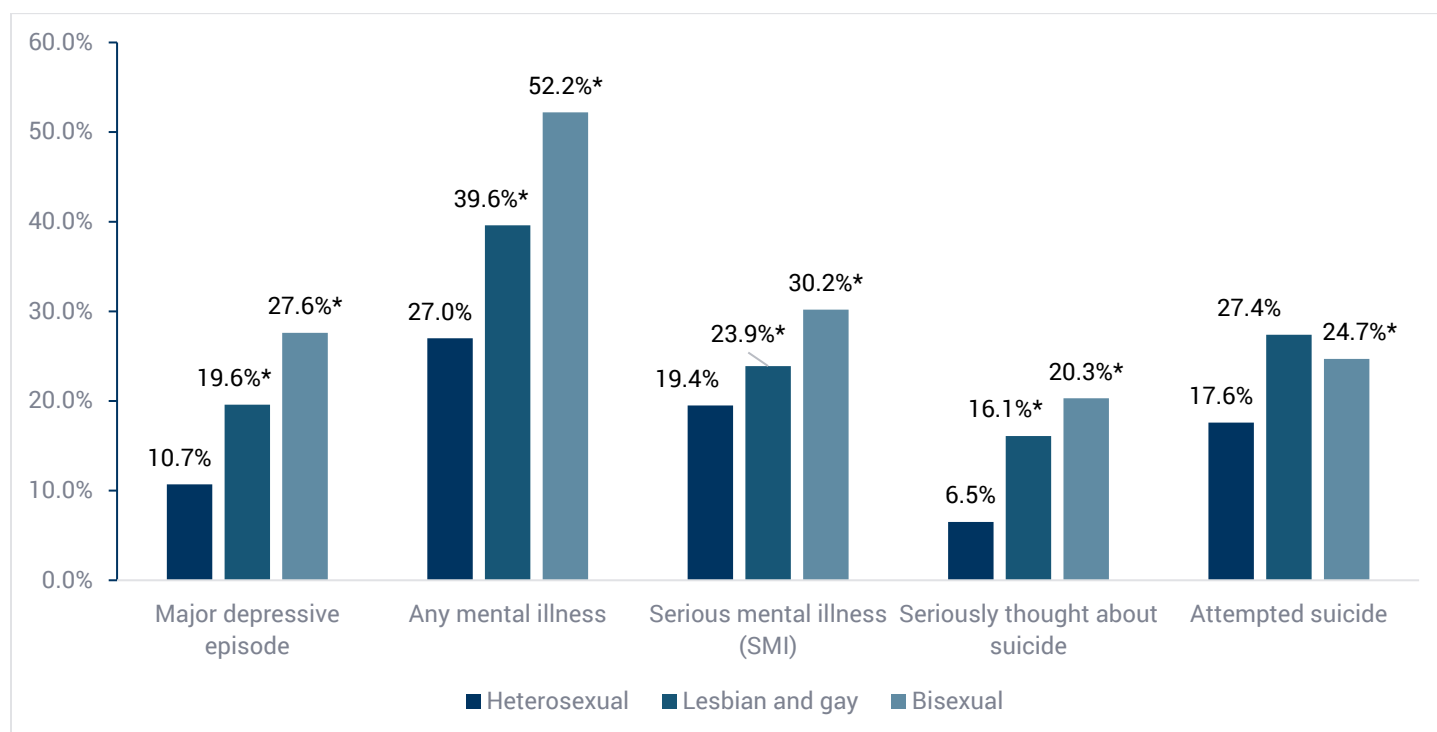


such as stigma and discrimination related to sexual orientation (NASEM 2020; Fredriksen-Goldsen et al. 2013; Green and Feinstein 2012; Meyer 2003).

Mental health. Among Medicaid beneficiaries, LGB adults reported significantly higher rates of mental health illness in the past year (Figure 1). For example, both lesbian and gay adults and bisexual adults were more likely than heterosexual adults to report having a major depressive episode (19.6 percent and 27.6 percent, respectively, compared to 10.7 percent), any mental illness (39.6 percent and 52.2 percent, respectively, compared to 27 percent), and a serious mental illness (23.9 percent and 30.2 percent, respectively, compared to 19.4 percent).

Additionally, among Medicaid beneficiaries, LGB adults were significantly more likely than heterosexual adults to have reported having seriously thought about suicide in the past year. Bisexual adults were also more likely than heterosexual adults to have attempted suicide in the past year.

Figure 1. Self-Reported Mental Health Status in the Past 12 Months by Medicaid-Covered Adults Age 18-64 by Sexual Orientation, 2015-2019



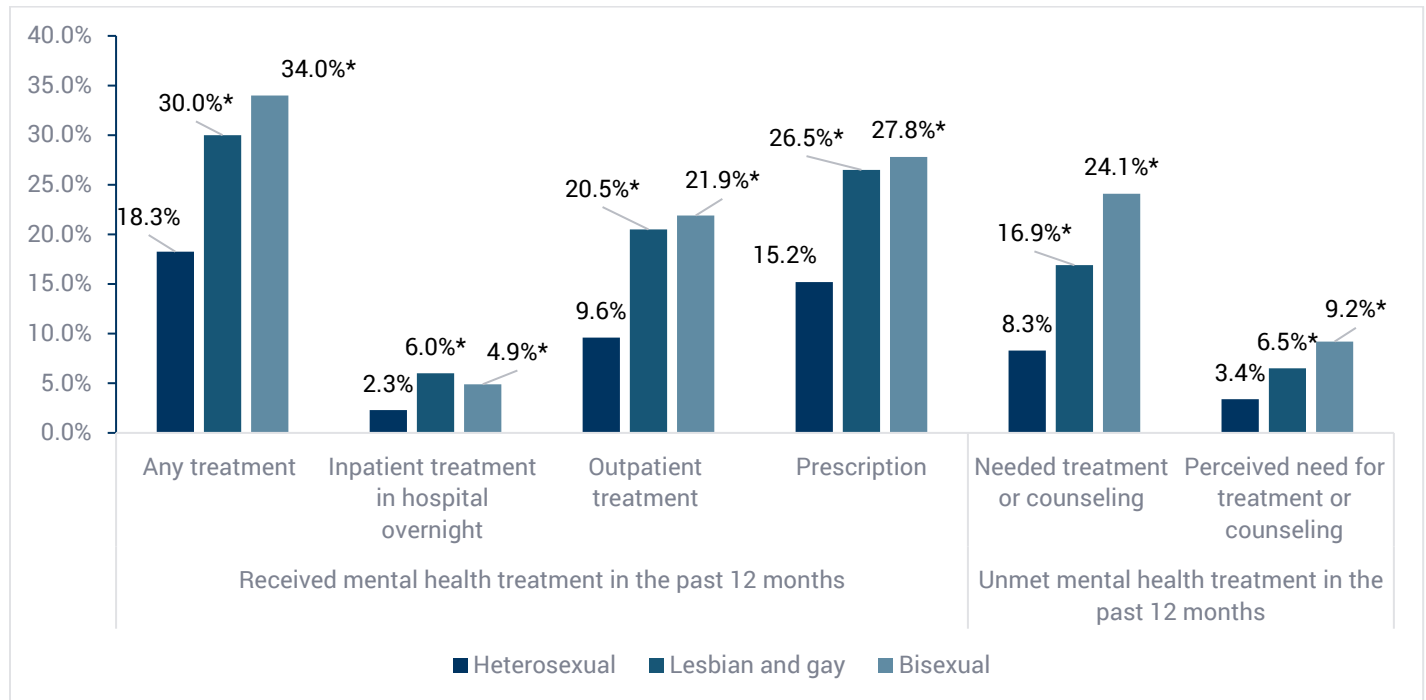
Notes: Estimates for any mental illness are based on a statistical model of a clinical diagnosis and responses to questions in the main National Survey on Drug Use and Health (NSDUH) interview on: distress, using the Kessler-6 scale; impairment, which is assessed through an abbreviated version of the World Health Organization Disability Assessment Schedule; past year major depressive episode; past year suicidal thoughts; and age. Mental illnesses in this category can vary in severity, ranging from no impairment, to mild or moderate, to severe impairment. Within the 2018 NSDUH survey, a diagnosable mental, behavioral, or emotional disorder is defined based on the Diagnostic and Statistical Manual of Mental Disorders, 4th edition and excludes developmental and substance use disorders (SAMHSA 2019).

* Difference from heterosexual beneficiaries is statistically significant at the 0.05 level.

Source: MACPAC, 2022, analysis of NSDUH, 2015-2019.

Mental health care treatment. Lesbian and gay adults and bisexual adults were significantly more likely than heterosexual adults to receive any mental health treatment, including inpatient and outpatient treatment and prescriptions (30.0 percent and 34.0 percent, respectively, compared to 18.3 percent). However, they also reported higher rates of unmet mental health care treatment compared to heterosexual adults (Figure 2).

Figure 2. Mental Health Treatment by Medicaid-Covered Adults Age 18-64 by Sexual Orientation, 2015-2019



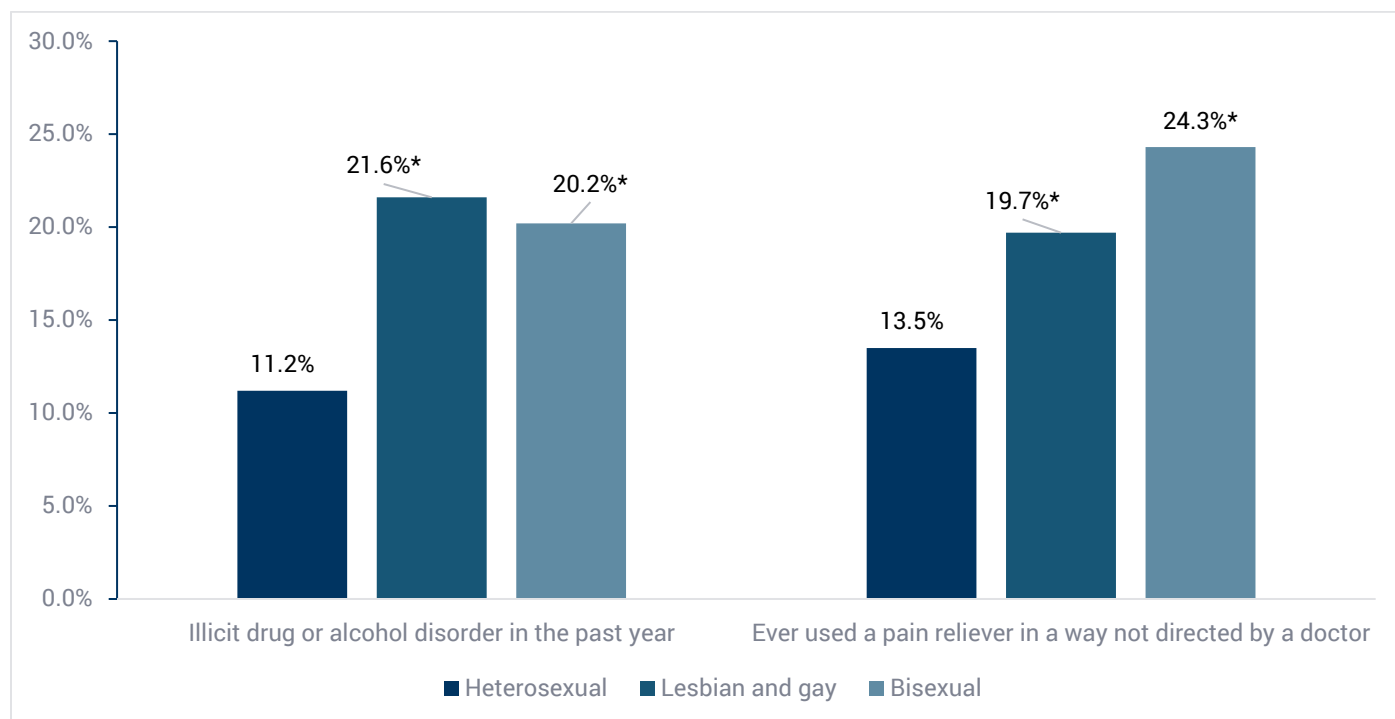
Notes:

* Difference from heterosexual beneficiaries is statistically significant at the 0.05 level.

Source: MACPAC, 2022, analysis of NSDUH, 2015-2019.

Substance use. Overall, lesbian and gay adults and bisexual adults were significantly more likely than heterosexual adults to report an illicit drug or alcohol disorder (21.6 and 20.2 compared to 11.2 percent). They were also significantly more likely than heterosexual adults to report ever having used a pain reliever in a way not directed by a doctor (19.7 percent and 24.3 percent compared to 13.5 percent).

Figure 3. Selected Measures Related to Substance Use Disorder for Medicaid-Covered Adults Age 18-64 by Sexual Orientation, 2015-2019



Notes: Illicit drugs include any of the following substances: marijuana, hallucinogens, inhalants, methamphetamines, tranquilizers, cocaine, heroin, prescription pain relievers that are not used as prescribed, stimulants, or sedatives.

* Difference from heterosexual beneficiaries is statistically significant at the 0.05 level.

Source: MACPAC, 2022, analysis of NSDUH, 2015-2019.

Substance use treatment. Similar to the trends observed for mental health care, LGB adults were both significantly more likely than heterosexual adults to receive alcohol or drug treatment in the past 12 months (6.2 percent compared to 4.2 percent) but also to report unmet alcohol or drug treatment needs (17.0 percent compared to 9.4 percent).

TABLE 6. Selected Health Characteristics of Medicaid-Covered Adults Age 18-64 by Sexual Orientation, 2015-2019

Alcohol or drug treatment in the past 12 months	Percentage of adults age 18-64		
	Total	Heterosexual	Lesbian, gay, and bisexual
Received alcohol or drug treatment	4.3%	4.2%	6.2%*
Received treatment for drugs or alcohol in an outpatient rehabilitation facility	2.4	2.3	3.3*
Received treatment for drugs or alcohol in an inpatient or residential setting	1.5	1.3	2.6*
Received treatment in an emergency room	0.7	0.6	1.4*
Received treatment in a self-help group	2.2	2.1	3.6*
Needed but did not receive alcohol or drug treatment in the past year	10.1	9.4	17.0*

Notes:

* Difference from heterosexual beneficiaries is statistically significant at the 0.05 level.

Source: MACPAC, 2022, analysis of NSDUH, 2015-2019.

Transgender and Gender-Diverse Adults Covered by Medicaid

We analyzed the 2015 U.S Transgender Survey (USTS) data to compare, by insurance payer, the demographics, socioeconomic status, and experiences with accessing medical and behavioral health care for TGD adults, which in these analyses includes individuals who identify as transgender, genderqueer, and non-binary adults.⁴

Demographic characteristics

We found that 11 percent of all TGD respondents were covered by Medicaid, and a significantly greater proportion of Black, Hispanic, and Native Hawaiian, Pacific Islander, American Indian, and Alaska Native (NHP and AIAN, combined in the stratified analyses due to a small sample size), and multiracial TGD adults were covered by Medicaid than by private insurance (Table 7).

We also found that for many demographic and socioeconomic measures, TGD Medicaid beneficiaries were more similar to those who were uninsured than those who were covered by private insurance (Table 7).

- TGD Medicaid beneficiaries were significantly less likely to report having a college or graduate degree (25.4 percent) compared to those covered by private insurance (42.8 percent).
- TGD Medicaid beneficiaries were also more likely than those with private insurance to receive other public benefits, including Supplemental Nutrition Program for Women, Infants, and Children benefits (1.5 percent compared to 0.3 percent), Supplemental Nutrition Assistance Program benefits (41.0 percent compared to 3.5 percent), and Temporary Assistance for Needy Families benefits (4.4 percent compared to 0.3 percent).



- There were also significant disparities in housing between TGD Medicaid beneficiaries and those covered by private insurance. For example, TGD Medicaid beneficiaries were significantly more likely to have experienced homelessness (47.4 percent) and to have experienced homelessness in the past year because of their gender identity (21.8 percent) compared to those with private insurance (22.7 percent and 7.9 percent, respectively).

TABLE 7. Selected Demographic and Socioeconomic Characteristics of Transgender and Gender-Diverse Adults Age 18-64 by Insurance Type, 2015.

Demographic characteristics	Percentage of adults age 18-64			
	Total	Medicaid	Private	Uninsured
Total (all adults 18-64)	100.0%	11.0%	65.7%*	13.9%*
Age				
18-26	51.6	45.7	53.1*	51.0*
27-34	22.4	29.9	20.8*	28.2
35-49	16.0	17.3	16.2	14.2*
50-64	9.9	7.0	10.0*	6.6
Gender				
Transgender	64.0	68.4	62.1*	66.0
Genderqueer or non-binary	36.0	31.6	37.9*	34.0
Sexual orientation				
Asexual	9.9	9.4	10.1	9.3
LGB+	69.4	68.0	70.4	66.9
Heterosexual	14.4	16.1	13.5*	16.2
Sexual orientation not listed	6.3	6.4	5.9	7.6
Race and ethnicity				
White, non-Hispanic	62.2	53.5	65.5*	54.0
Black, non-Hispanic	12.7	16.2	10.6*	18.1
Hispanic	17.0	22.5	15.7*	20.4
Asian, non-Hispanic	4.8	3.4	5.2*	3.6
Native Hawaiian/Pacific Islander/American Indian/ Alaska Native (NHPI and AIAN)	1.1	1.6	0.9*	1.3
Biracial and multiracial	2.3	2.8	2.1*	2.6
Education				
Less than high school	2.5	6.1	1.5*	4.2*
High school graduate	10.8	15.5	8.3*	17.7
Some college or associate degree	49.8	53.0	47.4*	53.6
College or graduate degree	36.9	25.4	42.8*	24.5
Primary language				
English only	84.0	80.9	85.2*	80.9
Languages other than English	2.2	3.8	1.7*	2.8
English and other language	13.7	15.3	13.1	16.2



Demographic characteristics	Percentage of adults age 18-64			
	Total	Medicaid	Private	Uninsured
Employment status				
Employed	67.5	47.7	75.7*	61.5*
Unemployed	13.3	19.7	10.3*	22.2
Out of the labor force	19.2	32.6	14.0*	16.3*
Income as percent of FPL				
Less than 100% FPL	27.0	51.9	19.1*	40.7*
Less than 138% FPL	32.3	59.5	23.1*	47.9*
100-199% FPL	14.4	18.9	12.2*	17.8
200-399 % FPL	20.8	11.7	23.5*	17.2*
400% FPL or higher	37.8	17.5	45.2*	24.2*
Disability				
Identifies as a person with a disability	27.9	43.1	22.9*	24.8*
Homelessness				
Have experienced homelessness	30.6	47.4	22.7*	49.8
In the past year, they have experienced homelessness because they are transgender	12.7	21.8	7.9*	25.8*
Other benefits programs				
Receives WIC benefits	0.5	1.5	0.3*	—
Receives SNAP benefits	10.3	41.0	3.5*	12.8*
Receives TANF benefits	0.9	4.4	0.3*	1.0*

Notes: FPL is federal poverty level. WIC is Supplemental Nutrition Program for Women, Infants, and Children. SNAP is Supplemental Nutrition Assistance Program, formerly referred to as food stamps. TANF is Temporary Assistance for Needy Families.

* Difference from Medicaid is statistically significant at the 0.05 level.

– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC, 2022, analysis of the 2015 U.S. Transgender Survey.

Physical and behavioral health

Overall, there were differences between TGD adults covered by Medicaid and TGD adults covered by private insurance for many physical and behavioral health measures, including those relating to substance use and suicidal ideation and attempted suicide.

Health status. The health status of TGD Medicaid beneficiaries was more similar to those who were uninsured than those covered by private insurance (Table 8). A third of TGD Medicaid beneficiaries reported very good or excellent health, which was significantly less than those covered by private insurance (49.7 percent). Additionally, half of TGD Medicaid beneficiaries reported serious psychological stress, which was significantly greater than those covered by private insurance (36.9 percent).⁵

TGD Medicaid beneficiaries were significantly more likely to have received a pap smear in the past 12 months and to have ever been tested for HIV than those covered by private insurance and those who were



uninsured (32.1 percent compared to 28.2 percent). They were also significantly more likely to have been diagnosed with HIV than those covered by private insurance (2.8 percent compared to 0.9 percent).

TABLE 8. Selected Self-Reported Measures of Health Status and Preventive Health of Transgender and Gender-Diverse Adults Age 18-64 by Insurance Type, 2015.

Health status and preventive health measures	Percentage of adults age 19-64			
	Total	Medicaid	Private	Uninsured
Self-reported health status				
Very good/excellent	44.8%	34.6%	49.7%*	35.2%
Good	33.4	35.2	32.5	35.8
Fair/poor	21.7	30.2	17.8*	29.0
Self-reported mental health				
Serious psychological distress (Kessler-6 composite variable)	40.3	49.9	36.9*	48.0
Screenings				
Had a pap-smear (assigned female at birth (AFAB) only) in past 12 months	26.9	32.1	28.2*	17.3*
Ever been tested for HIV	55.0	62.7	53.8*	52.6*
Positive HIV status ¹	1.4	2.8	0.9*	1.7
Seen doctor for HIV care in past 12 months	89.8	97.8	89.1	83.0

Notes: Serious psychological distress is measured using the Kessler-6 composite scale. HIV is human immunodeficiency virus.

* Difference from Medicaid is statistically significant at the 0.05 level.

¹ Those who don't know or have not tested for HIV are not included in the denominator.

Source: MACPAC, 2022, analysis of the 2015 U.S. Transgender Survey.

Substance use. Overall, TGD Medicaid beneficiaries reported significantly higher rates of substance use (Table 9). For example, TGD Medicaid beneficiaries were more likely than those covered by private insurance to report using marijuana (29.3 percent compared to 25.1 percent) and illicit drug use (34.0 percent compared to 28.6 percent). However, those who are uninsured or covered by private insurance reported higher rates of alcohol use than Medicaid beneficiaries (29.9 percent and 27.3 percent, respectively, compared to 23.4).

Suicide. TGD Medicaid beneficiaries also reported significantly higher rates of suicidal ideation and attempted suicide than those covered by private insurance (Table 10). More than half of TGD Medicaid beneficiaries reported having made plans to attempt suicide in the past 12 months, which was significantly greater than those covered by private insurance (53.0 percent compared to 46.9 percent). A greater proportion of TGD Medicaid beneficiaries compared to those covered by private insurance made a suicide attempt in the past 12 months (18.8 percent compared to 13.4 percent), and about half of TGD Medicaid beneficiaries and those covered by private insurance received medical attention for a suicide attempt in the past 12 months (52.4 percent and 46.8 percent).

TABLE 9. Measures of Behavioral Health for Transgender and Gender-Diverse Adults Age 18-64 by Insurance Type, 2015.

Behavioral health	Percentage of adults age 18-64			
	Total	Medicaid	Private	Uninsured
Substance use				
Current smoker	21.9%	25.8%	20.1%*	28.0%
Smokes daily	8.1	11.4	6.5*	12.6
Current marijuana use	25.8	29.3	25.1*	28.4
Current use of any illicit drug	29.5	34.0	28.6*	32.3
Binge alcohol use	26.8	23.4	27.3*	29.9*
Heavy alcohol use	7.4	5.8	7.2*	9.8*
Suicide				
Made any plans to attempt suicide in the past 12 months	48.9	53.0	46.9*	53.0
Made a suicide attempt in the past 12 months	15.1	18.8	13.4*	18.8
Received medical attention for a suicide attempt in the past 12 months	45.1	52.4	46.8	33.8*
Stayed in a hospital for suicide attempt in the past 12 months	65.7	74.7	61.1*	71.7
Ever made any plans to attempt suicide	56.6	61.7	55.0*	55.6*
Ever had serious suicidal thoughts	82.9	87.4	81.1*	86.1
Ever attempted suicide	41.4	54.1	37.1*	48.0*

Notes:

* Difference from Medicaid is statistically significant at the 0.05 level.

Source: MACPAC, 2022, analysis of the 2015 U.S. Transgender Survey.

Access to providers

Studies identify several barriers that TGD individuals face in accessing care. These barriers can include structural barriers, such as a lack of insurance coverage and coverage for gender-affirming care, and interpersonal barriers, such as difficulties in finding providers that have experience with TGD patients and providing gender-affirming care (Warner and Mehta 2021). For example, TGD patients often travel far distances to see providers that can provide them with the services they need (Lee et al. 2022). Finding insurance that covers gender-affirming care and in-network providers with experience providing these services is difficult for those covered by both private insurance and by Medicaid, as not all private insurance plans and state Medicaid programs explicitly cover these services (MAP 2022; Warner and Mehta 2021; Mallory and Tentindo 2019).

The majority of TGD Medicaid beneficiaries (90.4 percent) and those covered by private insurance (90.1 percent) saw a provider in the past 12 months. However, over half of TGD Medicaid beneficiaries,



Medicaid and CHIP Payment
and Access Commission

www.macpac.gov

significantly more than those covered by private insurance, reported traveling over 25 miles to see a routine provider (53.1 percent compared to 48.8 percent).

Of those who did not see a doctor, a significantly greater share of TGD Medicaid beneficiaries compared to those covered by private insurance did not see the doctor due to cost (37.0 percent compared to 27.1 percent) and because of possible mistreatment due to their gender identity (29.0 percent compared to 23.1 percent). Further, among TGD Medicaid beneficiaries, a greater share of Asian, non-Hispanic, AIAN and NHPI, non-Hispanic, and multi-racial adults reported not going to the doctor because of concerns about possible mistreatment due to their gender identity compared to white, non-Hispanic adults (41.5 percent, 52.2 percent, and 35.6 percent compared to 26.8 percent) (Appendix A).

TABLE 10. Access to Health Care Providers for Transgender and Gender-Diverse Adults Age 18-64 by Insurance Type, 2015.

Access to providers	Percentage of adults age 18-64			
	Total	Medicaid	Private	Uninsured
Access to health care provider in past 12 months				
Saw doctor or health care provider	86.7%	90.4%	90.1%	65.6%*
Did not see doctor due to cost	34.0	37.0	27.1*	68.0*
Did not go to the doctor because of possible mistreatment because of being a transgender person	24.2	29.0	23.1%*	27.1
Where do you currently get hormones?¹				
Only licensed professionals	91.4	90.3	93.0*	80.5*
Professionals and friends or other	6.3	7.6	5.7	9.8
Friend or other only	2.3	2.1	1.3	9.6*
Do you go to your gender-affirming provider for your routine care?				
Yes, I see the same provider	51.0	54.7	52.2	40.4*
No, I see another provider	33.0	33.3	34.4	18.1*
No, I do not get routine care	16.0	12.0	13.5	41.5*
Travel distance to routine health care provider²				
Less than 10 miles	34.3	32.7	36.3	21.6*
10-25 miles	14.5	14.3	14.9	11.0*
25+ miles	51.2	53.1	48.8*	67.4*
Travel distance to gender-affirming health care provider³				
Less than 10 miles	44.2	45.0	45.5	37.4*
10-25 miles	26.3	26.6	25.9	27.2
25+ miles	29.6	28.5	28.6	35.4*

Notes: TGD is transgender or gender-diverse.

* Difference from Medicaid is statistically significant at the 0.05 level.

¹ The denominator only includes individuals who reported receiving hormones.

² The denominator only includes individuals who reported having a routine provider.

³ The denominator only includes individuals who reported having a gender-affirming provider.

Source: MACPAC, 2022, analysis of the 2015 U.S. Transgender Survey.



Provider experience

TGD adults with Medicaid and private insurance reported similar rates of access to routine providers and gender-affirming providers and similar rates of provider knowledge of gender-affirming care. However, over 40 percent of those with Medicaid reported having negative experiences with their providers (Table 11).

- TGD Medicaid beneficiaries were more likely than those covered by private insurance to report that they had to teach their provider about TGD people to get appropriate health care (31.9 percent compared to 23.4 percent). They were also more likely to report that a provider refused to provide gender-affirming care (12 percent compared to 6.6 percent), or that a provider asked invasive questions about being TGD (17.1 percent compared 14.8 percent).
- TGD Medicaid beneficiaries were more likely than those covered by private insurance and those who were uninsured to report that they did not tell their provider they identify as gender-queer or non-binary (GQNB) because they were worried they may not receive the medical care they need (31.4 percent compared to 23.6 percent and 22.4 percent).
- Among Medicaid beneficiaries, a significantly greater share of AIAN and NHPI non-Hispanic TGD adults compared to white, non-Hispanic TGD adults reported having to teach their provider about TGD people to get appropriate care (47.7 percent compared to 29.8 percent), having a provider refuse them gender-affirming care (34.9 percent compared to 13.0 percent), having a provider use harsh or abusive language when treating them (22.9 percent compared to 7.2 percent), and being verbally harassed in a health care setting (24.8 percent compared to 8.3 percent) (Appendix A).

TABLE 11. Quality of Care Provided to Transgender and Gender-Diverse Adults Age 18-64 by Insurance Type, 2015

Quality of care in the past 12 months	Percentage of adults age 18-64			
	Total	Medicaid	Private	Uninsured
How much does routine provider know about gender-affirming care?				
Does not have a routine provider	41.5%	29.4%	32.3%	79.8%*
Knows most or almost everything	6.9	7.4	7.9	1.9*
Knows some things	20.5	22.3	24.4	5.6*
Knows almost nothing	31.0	40.9	35.4	12.7*
How much does gender-affirming provider know about gender-affirming care?				
Does not have a gender-affirming provider	46.1	38.6	44.4*	61.9*
Knows most or almost everything	38.9	41.4	41.0	27.2*
Knows some things	10.5	12.4	10.5	7.2*
Knows almost nothing	4.6	7.6	4.0*	3.7*
Provider knowledge of patient's gender identity				
Do not tell providers you identify as GQNB because they are concerned they will not get needed medical care	24.2	31.4	23.6*	22.4*



Quality of care in the past 12 months	Percentage of adults age 18-64			
	Total	Medicaid	Private	Uninsured
Doctor knew they were TGD and treated them with respect	62.1	68.5	61.3*	58.6*
Did they have any negative experiences?	33.8	43.1	32.2*	33.1*
Had to teach you provider about TGD people to get the appropriate care	24.5	31.9	23.4*	22.8*
A provider refused gender-affirming care	8.0	12.0	6.6*	10.2
Provider refused to give them health care	3.0	4.8	2.3*	4.8
Doctor asked invasive questions about being TGD	15.4	17.1	14.8*	17.5
Provider used harsh or abusive language when treating them	5.2	7.9	4.5*	5.6*
Provider was physically rough or abusive	1.9	3.1	1.4*	2.7
They were verbally harassed in health care setting	6.0	9.4	5.0*	6.4*
They were physically attacked in health care setting	0.7	—	0.5	1.4
They experienced unwanted sexual contact in a health care setting	1.3	1.7	1.0*	1.7

Notes: GQNB is gender-queer or non-binary.

* Difference from Medicaid is statistically significant at the 0.05 level.

¹ The denominator only includes individuals who reported they were gender-queer or non-binary.

Source: MACPAC, 2022, analysis of the 2015 U.S. Transgender Survey.

Gaps in coverage and care

Gender-affirming care for TGD individuals is not always covered by insurance plans, and when it is covered, TGD individuals may have difficulties accessing and using these services (Mallory and Tentindo 2019). Over half of TGD adults covered by Medicaid or by private insurance were denied coverage for gender-affirming surgeries, and about one-in-four were denied coverage for gender-affirming hormones (Table 12). Further, about one third of TGD Medicaid beneficiaries reported not finding in-network providers to perform gender-affirming surgeries, which was significantly greater than for those covered by private insurance (33.4 percent compared to 18.8 percent). Additionally, Medicaid beneficiaries were significantly more likely to not be able to have their insurance change their name and gender in their records compared to those covered by private insurance (23.1 percent compared to 14.7 percent). There were also differences in rates of denied care for TGD Medicaid beneficiaries by race and ethnicity (Appendix A).

- Black, non-Hispanic TGD beneficiaries were more likely to have their insurance deny coverage for hormone treatment compared to their white, non-Hispanic counterparts (41.3 percent compared to 25.7 percent).
- Hispanic TGD beneficiaries were more likely to have their insurance deny coverage for routine care compared to white, non-Hispanic TGD adults (13.0 percent compared to 4.3 percent).
- AIAN TGD beneficiaries were more likely to have their insurance deny gender-affirming surgeries compared to white, non-Hispanic TGD adults (80.0 percent compared to 60.9 percent).



TABLE 12. Measures of Denied Care for Transgender and Gender-Diverse Adults Age 18-64 by Insurance Type, 2015

Denied care by insurance in the past 12 months	Percentage of adults age 18-64		
	Total	Medicaid	Private
Insurance would not change name or gender in records	17.1%	23.1%	14.7*
Hormones for transition	25.3	28.9	25.8
Surgery for transition	55.0	56.0	54.8
Insurance covers only some surgery for transition	42.2	40.6	42.9
Insurance covers surgery, but no in-network providers	20.9	33.4	18.8*
Insurance denied gender-specific health care (pap smears, prostate exams, mammogram)	13.3	11.1	14.2
Insurance denied routine health coverage	7.0	7.3	6.9
Do not change gender on ID or records due to concern of losing medical care benefits	25.9	25.8	26.2

Notes:

* Difference from Medicaid is statistically significant at the 0.05 level.

Source: MACPAC, 2022, analysis of the 2015 U.S. Transgender Survey.

Data and Methods

Data from three different data sources were used to assess the experiences of LGBT Medicaid beneficiaries with accessing and using health care services:

- **NHIS (2015-2018).** National Health Interview Survey data are collected continuously throughout the year for the Centers for Disease Control and Prevention's National Center for Health Statistics by the U.S. Census Bureau. The NHIS collects information about the health and health care of the U.S. civilian non-institutionalized population. Interviews are conducted at respondents' homes, and follow-up interviews may be conducted by phone (IPUMS 2022).
- **NSDUH (2015-2019).** The National Survey on Drug Use and Health is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration, which conducts interviews with approximately 70,000 randomly selected, civilian, non-institutionalized individuals age 12 and older in the United States. The NSUDH is a primary source of national and state-level estimates on use of tobacco products, alcohol, illicit drugs, SUDs, mental health status, and related treatment (SAMHSA 2020b).

Similar demographic and health measures were examined using data from the NHIS. The results were similar for both surveys, so we only published the results from the NSDUH (Tables 1 and 2) because the overall sample size of LGB individuals was greater than the sample size in the NHIS.



- **USTS (2015).** The U.S. Transgender Survey was conducted by the National Center for Transgender Equality (NCTE). It was administered online and made accessible for respondents with disabilities. Over 27,000 responses were collected from all 50 states and the District of Columbia. The USTS used purposive, non-probability sampling, and relied heavily on community outreach to recruit survey respondents. Therefore, the generalizability of the sample is limited and may not be representative of the U.S. transgender population.

Historically, few national data sources have included questions about sexual and gender identity, which has made it challenging to estimate the size of the LGBT populations in the United States, particularly among children. Although some national data sources are increasingly including questions about sexual and gender identity, national surveys do not consistently use the research validated instruments for asking about sexual orientation and gender identity, which can limit the comparability and accuracy of the data (NASEM 2022, SHADAC 2021, Badgett 2009, Herman 2014).⁶

Insurance coverage

Coverage source is defined as of the time of the survey interview. Because an individual may have multiple coverage sources and because sources of coverage may change over time, responses to survey questions may reflect characteristics or experiences associated with a coverage source other than the one assigned in this brief.

The following hierarchy was used to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid, other, uninsured for the past 12 months. Not separately shown are the estimates for those covered by any type of military health plan or other government-sponsored program. Private health insurance coverage excludes plans that cover only one type of service, such as accident or dental insurance. The Medicaid category also includes persons covered by other state-sponsored health plans. Individuals are defined as uninsured if they did not have any private health insurance, Medicaid, State Children's Health Insurance Program (CHIP), Medicare, state- or other government-sponsored health plan, or military plan during the past year. Individuals were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accident or dental coverage only.

Sexual orientation

The NHIS and NSDUH surveys include a question about sexual orientation, which is used to capture the sexual identity of the survey respondents. The survey respondents self-identify their sexual orientation as heterosexual, lesbian or gay, or bisexual. For the NHIS analyses, respondents who left the question blank or chose "something else," "don't know," or "refused" were excluded from the denominator. For the NSDUH analyses, respondents who left the question blank or chose "don't know" or "refused" were excluded from the denominator.



Gender identity

The USTS includes a series of questions about gender identity, including sex-assigned at birth, terms to describe their gender identity, and current gender identity, to capture how survey respondents identify and define their gender. Based on these questions and survey responses, the NCTE developed a five-level gender variable that we used in our analyses to identify individuals who identify as transgender or GQNB.

Race and ethnicity

USTS survey respondents self-identify their race and ethnicity in one combined question. Individuals reporting only one race are categorized as follows: white, Black, Hispanic, Asian, American Indian or Alaska Native, and Native Hawaiian or Pacific Islander. Individuals reporting a different race or multiple races are categorized as biracial or multiracial. In the stratified analyses, the racial and ethnic groups followed the categories used by the American Community Survey, and responses for individuals who identified as Alaska Native or American Indian, or Native Hawaiian or Pacific Islander (AIAN and NHPI) were combined given the small sample of these racial groups.

The sample size for the LGB population in the NHIS and the NSDUH was not large enough to stratify by race and ethnicity.

Endnotes

¹ On March 2, 2022, the U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) published “HHS Notice and Guidance on Gender Affirming Care, Civil Rights, and Patient Privacy.” In the notice, OCR wrote they would work to ensure access to health care for transgender and gender nonconforming youth referencing § 1557 of the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended) which prohibits discrimination on the basis of sexual orientation and gender identity (OCR 2022). As of 2022, 10 state Medicaid programs explicitly exclude coverage for gender-affirming care (MAP 2022).

² Due to data limitations, we only focused on LGBT populations. We recognize that the lesbian, gay, bisexual, transgender, queer, and other sexual and gender identities (LGBTQ+) community has more expansive identities than we were able to represent with these three data sources.

³ Gender-affirming health care encompasses all medical, behavioral, and surgical care that support and affirm and individual’s gender identity. Beyond providing health care, such as hormones and gender-affirming surgeries, affirming care also includes adopting new practices to create a more supportive medical environment. This can include having an electronic health record system where patients can update their name and pronouns and having all-gender restrooms (OPA 2022).

⁴ Unlike other household surveys that randomly select respondents in order to represent the full population, the USTS used a non-probability-based sampling technique, so the data may not be representative of the entire United States TGD population. Probability sampling is typically the gold standard for collecting data that are generalizable to the full population. However, probability sampling has been limited and produced less reliable data for minority populations, including TGD populations,



surveyed in national surveys. Thus, non-probability-based surveys have been important for identifying disparities that have not been identified by probability-based national surveys (Henderson et al. 2019).

⁵ Psychological distress is measured using the Kessler-6 distress scale. It is the short-form of a self-administrated questionnaire that was developed to identify psychological disorders among non-clinical populations. The short-form includes six questions about the individuals about whether they have felt sad, nervous, restless or fidgety, hopeless, that everything is an effort, or worthless in the past month (Kessler 2002).

⁶ In 2009, the Williams Institute published best practices for asking questions about sexual orientation. Sexual orientation has three dimensions: self-identified sexual orientation, sexual behavior, and sexual attraction. There are recommended questions for each dimension and recommended uses for each question that are dependent on the age group of the survey respondents and type of information the survey is intended to collect (Badgett 2009). Many surveys only ask about sexual orientation, and the questions and response options vary between surveys (NASEM 2022). For gender identity, the two-step question is the recommended approach to identify gender identity. The first question asks for the respondent's sex assigned at birth and the second question asks for the respondent's current gender (NASEM 2022).

References

- Alencar Albuquerque, G., C. de Lima Garcia, G. da Silva Quirino, M. Juscinaide, H. Alves, J.M. Belem, F. W. dos Santos Figueiredo, L. da Silva Paiva, V. Barbosa do Nascimento, E. da Silva Maciel, V. E. Valenti, L.C. de Abreu, and F. Adami. 2016. Access to health services by lesbian, gay, bisexual, and transgender persons: systematic literature review. *BMC International Health Human Rights* 16, no.2. <https://bmcinthealthhumrights.biomedcentral.com/track/pdf/10.1186/s12914-015-0072-9.pdf>.
- Badgett, M.V. 2009. Best Practices for Asking Questions about Sexual Orientation on Surveys
UCLA: The Williams Institute. <https://escholarship.org/content/qt706057d5/qt706057d5.pdf?t=lnrdlw>.
- Blosnich, J. R., G. W. Farmer, J. G. Lee, V. M. Silenzio, and D. J Bowen. 2014. Health inequalities among sexual minority adults: evidence from ten US states, 2010. *American Journal of Preventive Medicine*, 46(4), 337-349.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4102129/>.
- Conron K.J. 2020. LGBT Youth population in the United States. Los Angeles, CA: The Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Youth-US-Pop-Sep-2020.pdf>.
- Conron, K.J. and S.K. Goldberg. 2018. LGBT Adults with Medicaid insurance. Los Angeles, CA: The Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Medicaid-Coverage-US-Jan-2018.pdf>.
- Cornelius, J.B., and J. Carrick. 2015. A survey of nursing students' knowledge of and attitudes toward LGBT health care concerns. *Nursing Education Perspectives*, 36, no. 3: 176-178.
https://journals.lww.com/neponline/Abstract/2015/05000/A_Survey_of_Nursing_Students_Knowledge_of_and.8.aspx.
- Green, K.E. and B.A. Feinstein. 2012. Substance use in lesbian, gay, and bisexual populations: An update on empirical research and implications for treatment. *Journal of the Psychologists in Addictive Behaviors*. 26, no. 2:265-278.
- Fredriksen-Goldsen, K.I., C.A. Emlet, H.J. Kim, A. Muraco, E.A. Erosheva, J. Goldsen, C.P. Hoy-Ellis. 2013. The Physical and mental health of lesbian, gay male, and bisexual (LGB) older adults: The role of key health indicators and risk and protective factors. *The Gerontologist*, 53, no. 4:664–675.
- Henderson, E.R, J.R. Blosnich, J.L. Herman, and I.H. Meyer. 2019. Considerations on sampling in transgender health disparities research. *LGBT Health*, 6, no. 6:267-270. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6740154/>.



Herman, J.L. 2014. Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys. Los Angeles: The GenIUSS Group. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Survey-Measures-Trans-GenIUSS-Sep-2014.pdf>.

Integrated Public Use Microdata Series Health Survey (IPUMS). 2022. NHIS Sample design. Minneapolis, MN: IPUMS. [https://nhis.ipums.org/nhis/userNotes_sampledesign.shtml#:~:text=The%20NHIS%20is%20a%20complex,primary%20sampling%20units%20\(PsUs\)](https://nhis.ipums.org/nhis/userNotes_sampledesign.shtml#:~:text=The%20NHIS%20is%20a%20complex,primary%20sampling%20units%20(PsUs)).

Kessler, R.C., G. Andrews, L. J. Colpe, E. Hiripi, D. K. Mroczek, S-LT Normand, E.E. Walters, and A. M. Zaslavsky. 2002. Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological medicine* 32, no. 6: 959-976. <https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.469.956&rep=rep1&type=pdf>.

Mallory, C. and W. Tentindo. 2019. Medicaid coverage for gender-affirming care. Los Angeles, CA: The Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Medicaid-Gender-Care-Oct-2019.pdf>.

Meyer I. H. 2003. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological bulletin*, 129, no. 5:674–697.

Movement advancement project (MAP). 2022. Healthcare laws and policies. https://www.lgbtmap.org/equality-maps/healthcare_laws_and_policies.

National Academies of Sciences, Engineering, and Medicine (NASEM). 2020. Understanding the Well-Being of LGBTQI+ Populations. Washington, DC: The National Academies Press. <https://nap.nationalacademies.org/catalog/25877/understanding-the-well-being-of-lgbtqi-populations>.

Office for Civil Rights (OCR), U.S. Department of Health and Human Services. 2022. HHS notice and guidance on gender affirming care, civil rights, and patient privacy. Washington, DC: OCR. <https://www.hhs.gov/sites/default/files/hhs-ocr-notice-and-guidance-gender-affirming-care.pdf>.

Office of Population Affairs (OPA), U.S. Department of Health and Human Services. 2022. Gender-affirming care and young people. Washington, DC: OCR. <https://opa.hhs.gov/sites/default/files/2022-03/gender-affirming-care-young-people-march-2022.pdf>.

State Health Access Data Assistance Center (SHADAC). 2021. Collection of sexual orientation and gender Identity (SOGI) data: Considerations for Medicaid and spotlight on Oregon. Minneapolis, MN: SHADAC. <https://www.shvs.org/resource/collection-of-sexual-orientation-and-gender-identity-sogi-data-considerations-for-medicaid-and-spotlight-on-oregon/>.

Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services. 2020a. *2019 National Survey on Drug Use and Health (NSDUH): Lesbian, gay, & bisexual (LGB) adults*. Rockville, MD: SAMHSA. <https://www.samhsa.gov/data/sites/default/files/reports/rpt31104/2019NSDUH-LGB/LGB%202019%20NSDUH.pdf>.

Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services. 2020b. *2019 National Survey on Drug Use and Health (NSDUH): Methodological summary and definitions*. Rockville, MD: SAMHSA. <https://www.samhsa.gov/data/report/2019-methodological-summary-and-definitions>.

Substance Abuse and Mental Health Services Administration (SAMHSA). U.S. Department of Health and Human Services. 2019. *2018 National Survey on Drug Use and Health: Methodological summary and definitions*. Rockville, MD: SAMHSA. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHMethodsSummDefs2018/NSDUHMethodsSummDefs2018.htm>.

Warner, D.M, and A.H. Mehta. 2021. Identifying and addressing barriers to transgender healthcare: where we are and what we need to do about it. *Journal of General Internal Medicine*. 36, no. 11: 3559-3561.



Appendix A: Measures of Access and Denied Care by Race and Ethnicity

TABLE 1-A: Selected Access Measures for Transgender and Gender-Diverse Medicaid-Covered Adults Age 18-64 by Race and Ethnicity, 2015

	Percentage of adults age 18-64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN and NHPI, non-Hispanic	Multiracial
Access to providers							
All adults (18-64)	100.0%	53.5%*	16.2%*	22.5%*	3.4%*	1.6%*	2.8%*
Access to health care provider in past 12 months							
Did not go to the doctor because of possible mistreatment because of being a trans person	28.8	26.8	30.7	27.6	41.5*	52.2*	35.6*
Saw doctor or health care provider	90.5	90.5	92.7	87.9	92.5	94.9	93.0
Did not see doctor due to cost	37.0	36.0	41.0	33.7	50.1*	42.8	39.1
Where do you currently get hormones?							
Only licensed professionals	90.4	91.5	86.1	93.9	71.8*	91.4	88.8
Professionals and friends or other	7.6	7.1	—	—	—	—	—
Friend or other only	2.1	—	—	—	—	—	—
Do you go to your gender-affirming provider for your routine care?							
Yes, I see the same provider	54.7	55.2	54.4	54.1	42.8	65.2	59.6
No, I see another provider	33.1	32.5	36.9	32.8	37.3	24.0	—
No, I do not get routine care	12.2	12.3	—	13.1	—	—	—
How much does routine provider know about gender-affirming care?							
Does not have a gender affirming provider	29.6	32.5	—	33.7	—	—	—
Knows most or almost everything	7.4	7.5	—	—	—	—	—
Knows some things	22.2	22.9	—	17.6	—	—	—
Knows almost nothing	40.7	37.2	—	41.1	48.8	41.5	—

Access to providers	Percentage of adults age 18-64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN and NHPI, non-Hispanic	Multiracial
How much does gender-affirming provider know about gender-affirming care?							
Does not have a gender-affirming provider	38.9	42.0	26.5*	40.9	37.2	30.7	42.7
Knows most or almost everything	41.1	41.2	42.9	40.1	38.1	47.2	35.9
Knows some things	12.4	11.5	12.8	13.3	—	—	—
Knows almost nothing	7.6	5.3	—	5.8	—	—	—
Travel distance to routine health care provider							
Less than 10 miles	32.8	32.8	31.6	33.9	33.6	24.3	34.6
10-25 miles	14.3	15.0	13.0	14.6	—	—	—
25+ miles	53.0	52.2	55.4	51.5	54.4	64.6	55.8
Travel distance to trans-related health care provider							
Less than 10 miles	45.0	43.7	53.0	40.6	51.3	40.8	—
10-25 miles	26.6	24.7	—	27.5	25.7	27.0	—
25+ miles	28.4	31.5	16.2*	31.8	—	32.2	—

Notes: AIAN is American Indian and Alaska Native. NHPI is Native Hawaiian and Pacific Islander.

* Difference from white, non-Hispanic is statistically significant at the 0.05 level.

¹ The denominator only includes individuals who reported receiving hormones.

² The denominator only includes individuals who reported having a routine provider.

³ The denominator only includes individuals who reported having a gender-affirming provider.

— Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC, 2022, analysis of the 2015 U.S. Transgender Survey.

TABLE 2-A: Selected Measures of Denied Care for Transgender and Gender-Diverse Medicaid-Covered Adults Age 18-64 by Race and Ethnicity, 2015

Denied care by Insurance in the past 12 months	Percentage of adults age 18-64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN and NHPI, non-Hispanic	Multiracial
Insurance wouldn't change name/gender in records	22.9%	21.5%	—	27.4%	—	—	—
Hormones for transition	28.8	25.7	41.3%*	25.2	—	32.0%	—
Surgery for transition	55.5	60.9	54.4	47.1*	—	80.0*	—
Insurance covers only some surgery for transition	40.3	43.7	35.1	37.2	46.2%	38.6	—
Insurance covers surgery, but no in-network providers	33.2	31.7	—	20.2	—	40.5	—
Insurance denied gender-specific health care (pap smears, prostate exams, mammogram)	11.0	11.7	—	—	—	—	—
Insurance denied routine health coverage	7.3	4.3	—	13.0*	—	—	—
Don't change gender on ID or records due to concern of losing medical care benefits	25.8	25.9	—	24.2	30.4	—	—

Notes: AIAN is American Indian and Alaska Native. NHPI is Native Hawaiian and Pacific Islander.

* Difference from white, non-Hispanic is statistically significant at the 0.05 level.

— Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC, 2022, analysis of the 2015 U.S. Transgender Survey.

TABLE 3-A: Selected Behavioral Health Measures for Transgender and Gender-Diverse Medicaid-Covered Adults Age 18-64 by Race and Ethnicity, 2015

Alcohol and drug use and mental health	Percentage of adults age 18-64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN and NHPI, non-Hispanic	Multiracial
Alcohol and drug use							
Current smoker	25.9%	24.7%	25.0%	29.1%	22.0%	18.9%	35.4%*
Smokes daily	11.4	12.1	11.9	10.3	3.7*	—	16.1
Current marijuana use	29.2	28.6	29.4	31.4	14.9*	28.1	40.1*
Current use of any illicit drug	34.0	33.0	32.2	38.5	24.0	31.8	42.9*
Binge Alcohol use	23.5	21.7	17.6	33.0*	18.6	20.3	22.5
Heavy Alcohol use	5.8	5.9	—	7.1	3.7	—	6.1
Suicide							
Past 12 months made any plans to kill self	52.8	58.9	40.9	43.3*	66.1	75.7*	47.5*
Past 12 months tried to kill self	18.7	16.7	16.4	20.6	35.4*	28.2	28.3*
Past 12 months got medical attention for suicide attempt	52.2	51.7	—	69.8	36.4	—	75.4*
Past 12 months stayed in hospital for suicide attempt	74.7	73.3	—	72.9	78.3	83.3	53.7
Ever made any plans to kill self	61.6	59.4	59.6	65.2	54.9	89.8*	65.9
Ever had serious suicidal thoughts	87.2	86.8	84.4	88.3	94.5*	89.9	90.5
Ever attempted suicide	53.9	50.1	63.9*	53.0	59.8	68.3*	60.9*
Serious psychological distress (Kessler-6 composite variable)	49.9	47.9	54.9	48.7	62.3*	56.1	48.3

Notes: AIAN is American Indian and Alaska Native. NHPI is Native Hawaiian and Pacific Islander.

* Difference from white, non-Hispanic is statistically significant at the 0.05 level.

— Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC, 2022, analysis of the 2015 U.S. Transgender Survey.

TABLE 4-A: Selected Measures of Quality of Care Provided to Transgender and Gender-Diverse Medicaid-Covered Adults Age 18-64 by Race and Ethnicity, 2015

Quality of care in the past 12 months	Percentage of adults age 18-64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN and NHPI, non-Hispanic	Multiracial
Do not tell providers you identify as GQNB because they are concerned they will not get needed medical care	31.4%	33.1%	—	24.8%	39.2%	—	—
Doctor knew they were TGD and treated them with respect	68.3	67.0	82.8%*	62.7	60.6	67.8%	62.9%
They had any negative experiences	42.9	42.3	51.0	35.4	49.7	67.4*	45.4
Had to teach their provider about TGD people to get the appropriate care	31.8	29.8	40.8	28.2	34.3	47.7*	33.8
A provider refused gender-affirming care	12.0	13.0	—	11.8	—	34.9*	—
Provider refused to give them health care	4.9	4.8	—	6.2	—	—	—
Doctor asked invasive questions about being TGD	17.1	18.0	17.7	12.1*	22.3	26.6	—
Provider used harsh or abusive language when treating them	7.9	7.2	—	7.9	—	22.9*	—
Provider was physically rough or abusive	3.2	2.7	—	—	—	—	—
They were verbally harassed in health care setting	9.5	8.3	—	8.5	—	24.8*	—
They were physically attacked in health care setting	—	—	—	—	—	—	—
They experienced unwanted sexual contact in a health care setting	1.9	—	—	—	—	—	—

Notes: AIAN is American Indian and Alaska Native. NHPI is Native Hawaiian and Pacific Islander.

* Difference from white, non-Hispanic is statistically significant at the 0.05 level.

— Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC, 2022, analysis of the 2015 U.S. Transgender Survey.